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| Case Number: | CM13-0040585 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 12/07/2004 |
| Decision Date: | 05/15/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old male who reported an injury on 12/07/2004. The specific mechanism of injury was not provided. The clinical documentation submitted for review indicated an interferential unit and EMG and nerve conduction studies were requested on 05/14/2012, again on 08/20/2012, 03/20/2013, 10/28/2013, and 12/16/2013. Examination on 10/28/2013 revealed the injured worker had a straight leg raise that was positive and a tension sign that was positive. The injured worker noted they had pain and radicular complaints of numbness of the legs. The treatment plan included EMG and nerve conduction studies, interferential unit, therapy, medications, and a return to the office for re-evaluation in 6 weeks. The diagnosis was lumbar strain with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG (UNKNOWN LEVELS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The Expert Reviewer's decision rationale: ACOEM Guidelines indicate that electromyography including H-reflex tests may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had a positive straight leg raise and a positive tension sign. However, there was a lack of documentation indicating the straight leg raise produced radicular type pain. Additionally, there was a lack of documentation of failure of conservative care and the duration of conservative care. The request as submitted was for an EMG of unknown levels. Given the above, the request for EMG (unknown levels) is not medically necessary.

NCS (UNKNOWN LOCATION): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, NERVE CONDUCTION STUDIES (NCS)

Decision rationale: The Expert Reviewer's decision rationale: Official Disability Guidelines do not recommend nerve conduction studies, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the injured worker had a diagnosis of lumbar strain with radiculopathy. There was a lack of documentation indicating a necessity for both an EMG and NCV. The clinical documentation indicated the service had been requested since 2012. There was a lack of documentation of objective change to support the necessity for a nerve conduction study. The request as submitted failed to indicate the body part to be tested with the nerve conduction study. Given the above, the request for NCS (unknown location) is not medically necessary.

NEW INTERFERENTIAL UNIT (IF): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to indicate the injured worker. There was the lack of documentation indicating how long the injured worker had been utilizing an interferential unit and the objective functional benefit that was received from the unit. Given the above, the request for New Interferential Unit (IF) is not medically necessary.

